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## CLINICS.

*The Intra-uterine Causes of Death amongst Premature Children, and their Treatment.*—By J. Y. SIMPSON, M.D., Prof. of Midwifery in the University of Edinburgh.

The pathological causes that lead to this unhappy result, sometimes in a succession of pregnancies in the same female, are, as far as I have yet investigated them, principally three in number, namely,—

First, *Peritonitis in the Fœtus*, as in the child lying before us. And one remark applies to this and to the other causes,—namely, that in consonance with a curious law in intra-uterine pathology, the same morbid conditions of the fœtus and its appendages are apt to recur to the same woman in successive utero-gestations. When the child dies of peritonitis, the placenta has always a whitish-washed, or bleached appearance, as if it were drained of all red blood, but has no morbid change or deposit in its structure.

The other two causes of the successive deaths of premature children are referable to

morbid conditions of the placenta itself, and consist of,

Secondly, *Inflammatory Induration and Degeneration of the Placenta*, such as you see in several specimens placed upon the table. In this morbid affection, the inflammatory action is generally confined to a limited portion, or a few lobules of the organ, whilst the others are left sound and free. In some cases, however, we find it invading the whole surface of the placenta,—an observation which you will see confirmed by the state of the organ in many cases such as this, which I now show you, where there has been born a secondary fœtus, along with one at the full time,—the secondary fœtus, as it is called, being merely a fœtus which had been destroyed as early as probably the fourth or fifth month, by the morbid alteration which had occurred in the structure of the placenta, or portion of the placenta belonging to it. In inflammatory induration, the morbid deposit and change seem generally to stretch, as shown in this preparation of Mr. Goodsir's, from the maternal surface of the placenta towards the

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fœtal. The decidual membrane covering the exterior surface of the placenta is sometimes, as here, much thickened by the inflammatory deposit.

The other morbid condition of the placenta,—if we may call it morbid,—which leads sometimes to the successive death of children in the same mother, is

*Thirdly, Hypertrophy of the Placenta.*—When the placenta presents this condition, the organ is greatly enlarged; the divisions between its lobules and maternal surface are very marked and very deep; and the edge of the placenta seems as it were almost to turn over to a certain degree the boundary of the fœtal surface.

No event is liable to produce more domestic distress and unhappiness than the loss of a succession of children from the intra-uterine causes I have just mentioned. How then may we most easily make out the diagnosis of them; and what treatment will be most successful in averting the evil to which they so generally lead?

The *diagnosis* of the pathological cause of the death of the fœtus, in one or two successive pregnancies, can only be made out, with any precision, by having an opportunity of examining the body of one of the fœtuses and its placenta. In doing so, we may be enabled to observe which of the three causes I have mentioned is the source of the calamity, and to direct our treatment accordingly.

Some years ago, when I was engaged in the investigation of peritonitis in the fœtus, I more than once asked myself the question, in what good could such an inquiry result? I felt utterly sceptical as to its being of any benefit, except as satisfying pathological curiosity. But often when we enter on a subject of pathological study, we really know not to what ultimate results it may lead, and never ought to condemn or eschew any morbid investigation because we do not immediately see any practical advantage to which it may tend. I have latterly become convinced that the study of peritonitis in the fœtus may be made of no small practical utility in the following respect:—

In describing it, in the paper to which I have already referred you in the *Edinburgh Medical and Surgical Journal*, I have, in discussing the exciting causes of the disease, stated, that in some cases the mother, as in the woman Anderson, has been exposed to bodily injury, &c., and after mentioning

other probable morbid circumstances, have added, that it appeared to me highly probable, from the investigations I had then made on this point, that a great proportion of those children of syphilitic mothers that die in the latter months of pregnancy, may be shown to have perished under attacks of peritoneal inflammation; and further observations have led me to conclude that the evidences of peritonitis, in several successive children of the same mother, is a pretty certain test of one or other of the parents, especially the mother, being tainted with syphilis.

The practical deduction in the way of *treatment* from this observation in the way of *diagnosis* is evident. It is, I believe, in these cases of successive premature labours, where the child perishes of *peritonitis*, and in these cases only, that mercury and other non-syphilitic modes of treatment are alone useful, though these modes of treatment have been supposed to apply to *all* instances where there is the unfortunate habit of losing the infant in the last months of utero-gestation.

For the treatment of the cases in which the child dies in consequence of disease, not in its own structures, but in the economy and structure of the *placenta*, I believe that totally different principles ought to be pursued; and in a number of instances now, I have had the good fortune to see, in my own practice, these means of treatment followed by the most happy and successful results.

You may easily understand the principles on which I have proceeded in these last affections, if, in the first instance, you recollect that the two functions which the placenta appears to perform in the fœtal economy, are those of nutrition and respiration; or probably we should more properly say, that this organ is the medium of these two functions between the mother and the infant.

When the placenta becomes diseased, it can destroy the infant only, (seeing there is no morbid lesion in the fœtus itself,) by the imperfect manner in which one or both of these functions is performed. Such children, however, as we find in cases of diseased placenta, would not appear to perish from want of nutrition, because in many instances we find them not more lean and atrophied than healthy children sometimes are at the time of birth; and on opening their bodies you have often abundance of deposit of adipose matter. I believe for my own part that they die generally rather from

the diseased placenta not being able to act sufficiently as a *respiratory medium* between them and the mother, and that the infant in consequence dies from the morbid condition of the placenta, in the same manner as we should die if our lungs were densely studded with tubercular deposits, or extensively destroyed by inflammatory action.

Now the question is—with such an imperfect placenta, (or imperfect foetal lungs, in other words,) what means can we possibly adopt in order to make this diseased placenta serve as a respiratory organ to the infant for a very few weeks longer; the question being in general one only of a few weeks,—that is to say, if we could preserve the child's life during that period from the action of the deleterious influences of which I speak, we would save the child till it was fit to take on an extra-uterine existence.

I have generally, in cases in which, from the history of the previous pregnancies, I knew the tendency to be to *chronic inflammation and induration of the placenta*, attempted to prevent the inflammatory action which produces the induration from going to any considerable extent by leeching from time to time, particularly at those periods when the woman would have had her catamenia present, provided she were not in the family way, because it is, I believe, at these periods that she runs most danger,—there being, during pregnancy, in many females a monthly *molimen* of blood in these parts, though there be no monthly discharge. But though we may moderate the inflammatory effusions in this way, we can seldom, I believe, prevent them. Hence, our object is to make as much as possible of the diseased placenta efficient as a respiratory organ, or rather to make the respiratory change in the remaining healthy part as active and intense as may be.

To understand how this may be done, consider for a moment how the foetus does respire or breathe. Its type of respiration, as I have described it to you at other times, is like that of fishes. The blood of the fish is sent into the vessels of the gills in order to undergo the respiratory change which is there effected through the oxygen contained in the surrounding water. The blood of the foetus is sent into the tufts or terminal branches of the foetal placenta, (its gills, in other words,) in order to be there exposed to the oxygen contained in the maternal blood, by which these tufts are washed in the cavernous structure of the placenta.

The respiration of the human foetus is, I say, like that of a fish, then, with this difference, that the blood in the gills of the fish is arterialized by the *water* in which these gills are freely immersed, whilst the blood in the placental tufts of the foetus is arterialized by the *maternal blood* in which these tufts are freely immersed. We can influence the vitality of the fish by the quantity of oxygen in the water applied to its gills. I believe we may do the same with the foetus, by changing the quality of the maternal blood applied to its tufts.

Then comes the question, by what measures could we render the maternal blood as highly an oxygenized medium as possible, in order that, when it is applied to the foetal placental tufts, it may make up by the quality or intensity of the respiratory change, which it there produces, for that loss of quantity which is a necessary consequence of a portion of these placental tufts being already destroyed by disease?

I have attempted to do this, and in a number of cases, as I have already stated, apparently with perfect success, by keeping the patients constantly on small doses of alkaline salts, such as chlorate of potass, nitrate of potass, bicarbonate of soda, &c., given several times a day, on an empty stomach, exactly as Dr. Stevens, some years ago, proposed to do for the restoration and arterialization of the unarterialized blood in fever patients.

You are aware that the addition of alkaline salts to the blood in this way appears to promote greatly—I had almost said to impart—arterial changes and properties, and that in a way which physiologists and chemists have not yet been able satisfactorily to explain. If you cover a coagulum of newly drawn venous blood, with a thin layer of water, the surface of the blood continues to retain its black colour. If you add alkaline salts to the intervening layer of water, the air will very speedily act through this medium so as to render the clot of a red arterial colour.

Patients have repeatedly averred to me, that the use of the salts I have spoken of, has a perceptible influence on the strength of the motions of the foetus,—or, in other words, on its muscular power and vigour for the time being; but the observation is liable to so many fallacies on the part of the parent, that, probably, we should not build much upon it. But if these salts act in the manner which I suppose, on the maternal blood,



the fetus, under their use, is just placed in a better and purer atmosphere, (to use language applied to extra-uterine life,) and in this better atmosphere is capable of living for a few weeks longer than it otherwise would have done. I think it might be a matter of some chemical importance to inquire, what special salts would probably be of most use in rendering the mother's blood as highly an arterializing medium as possible, and if the use of iron in any form would increase its power in this respect. The subject is quite open for inquiry, and one in regard to which I know not any very accurate existing data.

I have stated to you that *hypertrophy of the placenta* seems to occur successively in different pregnancies in the same woman, and sometimes to be a cause of the death of the infant in the last weeks. One of the preparations on the table is a specimen of this diseased condition, and the patient from whom it was taken had produced six or seven dead-born premature children. Mr. Goodsir has directed his attention particularly to this effect of hypertrophied placenta, and similar observations have been made by some continental accoucheurs. It is difficult to say how the hypertrophy of the placenta destroys the functions of the organ, for in the specimen before you there was no special lesion in the body of the child itself. Sometimes, however, the child presents dropsical effusions, such as anasarca and ascites. Probably the mutual compression and impaction of the different lobules and parts of the hypertrophied placenta on each other, are such as to diminish and destroy its action as a respiratory organ, and to impede the circulation through its vast collection of vessels. Under these circumstances, the alkaline salts might also be of use in the way of lengthening, for a time, the intra-uterine life of the infant.

In all the three series of cases which I have adverted to, that is to say,—in cases where children of the same mother have died successively of peritonitis before birth,—where a series of children have been lost from inflammatory induration of the placenta,—and where the hypertrophy of the placenta has acted in the same way,—in all of these, I say, I believe that the *induction of premature labour* about the seventh or eighth month ought to be a point of treatment held in view, and frequently had recourse to. I look upon this remark as espe-

cially holding good with regard to the placental cases; and that obstetric authors should add (what no one of them, so far as I know, mentions) the diseased states of the placenta to which I have alluded, as a *cause* for the induction of premature labour, when they have recurred several times upon the same mother, and produced death of the child but a few days previous to its birth. Out of three cases of diseased placenta which have been under my care since the commencement of the present year, in two I induced premature labour successfully, as regards both mother and child, one of the patients having previously lost six, and the other three children. I had thoughts of allowing the third to go on to the full period, but fortunately, natural premature labour came on about the eighth month, and a living child was born. The placenta was so destroyed by inflammatory induration in this last case, that I am sure it could not have served as a lung for the child for a much longer period. Nature here pointed out strongly, and effected, by her own efforts, what ought to be done by art in similar instances.

In this and other instances where premature labour is required, the introduction of a sponge tent into the orifice of the uterus is by far the simplest and the safest means. In one of the two cases which I have just mentioned, a tent was put in at 12 at noon, and a larger one about 8 in the evening. Pains came on in an hour or two afterwards, at a time when the os uteri was *already* dilated by the action of the tents, and the first stage of labour, as it were, *half completed* before labour pains had yet begun. In 13 hours in all, after the introduction of the tent, a living child was born. It is seldom, however, that uterine contractions occur so speedily after the commencement of these or other measures for their induction.

#### SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

*Homœopathy in Italy.* By EDWIN LEE, M.D.—Homœopathy has long ago been judged in France. Science, this time in accordance with public opinion, has condemned it without appeal. It is dead, absolutely dead, notwithstanding some useless attempts at galvanizing after the blow. Its existence was there most ephemeral; scarcely are any of its proselytes now to be found in Paris, and hardly half a dozen in the provinces.

There are some minds which seem naturally to be seized with a vertigo in the presence of novelty, or of an extraordinary unheard-of fact. Every new thing assumes in their eyes the colour of truth; their good sense succumbs before every thing which is invested with an original character. This disposition depends upon the exaggeration of a legitimate sentiment; for who in the present day is not an advocate for the progress of science? who would dare, for instance, to pretend that medicine has reached its utmost limits, and who would wish to restrain it within the bounds of ancient traditions? But wise and prudent men are careful, before entering upon a new path, to watch its direction, and to estimate its solidity. When they give a judgment it is with reserve, and with circumspection. This has appeared to us to be the only rational position to take with respect to homœopathy. After having studied it in its books, its journals; after having assisted at its experimentation at the bed-side of patients, and in hospitals; we concluded by pronouncing that Hahnemann is no more than the missionary of a paradoxical idea, destroyed *à posteriori* by observation, ruined by examination, and of which all the value is reduced to a last blow at the doctrine of Broussais.

Homœopathy made itself a favourable argument in Italy. Of its pretended universal application in France, which was the counterpart of its representations in Paris, where it proclaimed the whole of Italy to be converted to its dogmas; that the sovereigns and population of the peninsula could not dispense with the help of its new materia medica; and that even teaching was imbued with its principles. In the presence of such facts, asserted with so much audacity, we deemed it requisite to follow up our former investigations, and to submit the doctrine to a new judgment, inasmuch as we might suppose it to be better appreciated elsewhere than in our own country. But we have had the demonstration of the falsehood of these assertions, which were doubtless unknown to the official propagators of the new German theory.

And, in the first place, what is now to be understood as homœopathy? It is, perhaps, the sentiment of Hahnemann literally expressed in his writings, free from any amalgamation of the medicine of his opponents, which he so strongly denounces. In fact,

in his eyes ancient and modern practitioners represent so many homicides, armed with diplomas sanctioned by the laws, exercising with impunity a fatal profession. Is it that exclusive theory, based upon so minute and difficult a symptomatology, with its infinitesimal and almost impalpable doses, possessing, nevertheless, a miraculous activity? Or is it this same doctrine modified, more tolerant, less forgetful of the scientific genealogy, of which its adepts remember to have seen formerly some real and efficacious effects; which will neither give up bleeding in apoplexy and in pneumonia, nor sulphate of quinine in large doses in intermittent fevers? The few disciples of Hahnemann in France now adopt these mixed ideas; they believe in this medical *juste-milieu*.

Well, whichever of them be meant, Italy rejects at the same time all these gradations; it neither believes in the genius nor in the wonders of Hahnemann, notwithstanding a natural inclination for all that comes from Germany. At Milan, homœopathy constitutes the practice of two or three Austrian physicians. At Lucca, one of its followers is patronized by the Duke, who, however, likewise keeps near him a very orthodox allopathic physician.

We were for a long time curious to know the opinion of Tommassini, this patriarch of Italian medicine, with regard to homœopathy; and the more especially as they arrive at conclusions diametrically opposed—as far as the poles asunder—the one prescribing infinitesimal doses, and the other enormous quantities of remedial substances, even in the opinion of French physicians. We therefore took an opportunity of asking the Professor of Parma, what was, in his eyes, the medical value of homœopathy. To this inquiry he first of all stated that the same question had been proposed to him in the same terms, in a meeting of the Royal Academy of Naples, and that he had refused to express his opinion in public, inasmuch as he had made no trials of the doctrine; but that at a later period, after having made it the subject of serious examination, he had frankly expressed himself in a discourse to his pupils while residing at Bologna.

"I do not conceive," said he, "that a method sometimes innocent, but often dangerous, can be adopted. I can understand that, in chronic diseases, in complaints where the beginning of a new treatment can be postponed to the following spring, in



which one amuses the patient instead of subjecting him to a curative method, homœopathy is exempt from serious inconveniences—as, for instance, in asthma and other diseases of the same nature; but it does not do in this manner when acute affections are under consideration—pneumonia, enteritis, or when an organ is threatened with gangrene, in which, from Hippocrates down to the present day, energetic remedies have been with reason recommended—bleeding, leeches, purgatives, &c. I would then mistrust a doctrine which has no regular origin, and refuses all paternity.”

If any thing more were required to corroborate so explicit a condemnation, we would add that the Italian youth, so animated, ardent and eager after fresh knowledge, and withal liberal enough not to receive, without examination, opinions already formed, to whom both the present and future belong, without being burthened with doctrines and practices more or less ancient, did not receive the doctrine of Hahnemann in a more favourable manner than others. We have seen many students and many young professors, but have not known one who had declared himself his follower.

The population also disdained the numerous benefits which it was pretended they would enjoy, and homœopathy was not in this respect more successful in the peninsula than in France. Its course may be likened to that of the practice which thought to ascertain all diseases by means of an inspection of the urine—and to that of all universal panaceas which appear, and die upon being subjected to trial, as, for instance, the hydro-sudopathy, to which a premature end may be predicted. Nevertheless, it must be confessed, that Hahnemann's theory rests upon a more dogmatical principle, perhaps, because its author lived a long time in Germany, a land so erudite, so abounding in synthetical ideas, and evidently for the reason that it arises from the vitalist theory, which is the daughter of the Stahlian *animism*. On the other hand, we must not forget, that for its part it was fortunate in its criticisms directed against the anatomo-pathologists, whose material conceptions were concentrated to so circumscribed and exclusive a point of view.

In order to omit nothing that may tend to elevate the progressive element of homœopathy, it must likewise be affirmed that by its means allopathy has been brought again

to the study of the moral part of man; which study has been much neglected since the close of the eighteenth century. Nevertheless, the medicine of the mind is no less important than that of the body; or, to express the idea better, science should never separate the one from the other in their reciprocal and harmonical relations.

In conclusion, homœopathy has neither been able to introduce itself in Italy, in instruction, nor among the true public (by which is meant the most numerous class); accident cast it, in the first instance, into the centre of some courts. Some princes have favoured it, from the singularity of its practices; but it is a remarkable circumstance, that in a country where the heads of society are held in immense estimation, it has scarcely been able to make a single proselyte, and its power of propagation has been extinguished by a universal indifference.

At the present time one must search in the recesses of some salons, in order to meet here and there a disciple of Hahnemann. Most frequently they introduce themselves in the wake of an exceptional and extraordinary cure. For us who are accustomed to believe in the remedial powers of nature, we will not deny the greater part of the facts thus loudly proclaimed, but we will reserve to ourselves the right of interpreting them to those who have learnt by observation and study, that which science would lead them to conclude from their investigation. All these men, professors and practitioners, ascribe them to regimen, and the conservative power of the living economy: both of which were perfectly recognized by the ancients, those reasonable and enlightened advocates of the *medicine expectante*.

*Conclusion.*—Homœopathy still exists in Italy, but it is declining, and about to disappear: it has neither professorship nor clinics. Once the ward of an hospital was confided to it at Naples, but it lost it for reasons of impotency well and duly verified. Reduced at the present moment to the treatment of some chronic diseases, which do not require active means, its hopes rest entirely upon the prepossessions, the prejudices, or the caprices of persons but little capable of judging it.—*Lond. Med. Gaz.* January, 1845.

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appears to be diminishing. The past year there were only 600 patients at Graeffenburg, whilst each of the preceding three years there were 1500.—*Journ. de Méd. et de Chirurg.*

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Hare-lip in Negroes.*—A writer in the *Western Lancet* inquires whether the negro is subject to hare-lip; and states that of the thousands of negroes he has seen in slave and free states, not one had hare-lip. This question is worthy of attention.

*Medical Society of the State of Tennessee.*—This society held its sixteenth annual meeting in Nashville, on the first Monday of May last. Several papers were read, and a premium of fifty dollars was offered for the best essay on Scrofula, to be awarded at the next regular meeting in May, 1846. The essays must be transmitted to Dr. Felix Robertson, Nashville, post paid, on or before the first Monday in March next. The usual forms to be observed.

*Pennsylvania Hospital.*—The number of patients treated during the year ending 4th April, 1845, was 1044. Of these there were discharged 956, remaining 88. The average number of patients maintained in the hospital during the past year, was 102, of whom 81 were on the poor list. The total number of accidents treated during the year was 346.

*Massachusetts Medical Society.*—The annual meeting was held on Wednesday, the 28th of May last, on which occasion four hundred physicians dined together. The annual address was delivered by Dr. W. J. WALKER, of Charlestown, and elicited from the audience unusual expressions of satisfaction.

*New York State Medical Society.*—Part II. vol. VI. of the Transactions, containing the proceedings of the Society at their last annual meeting, and several interesting papers, has been published.

*Journal of Prison Discipline and Philanthropy.*—This is the title of a very useful periodical issued by the "Philadelphia

Society for Alleviating the Miseries of Public Prisons." It is to appear quarterly, each No. containing 96 pages, 8vo. Subscription two dollars per annum. The two numbers which have been published contain much useful and interesting matter. The object of this publication is purely philanthropic, and it ought to receive substantial encouragement.

*Mortality of Boston.*—The number of deaths the past year was 2241, of which number 1109 were children under 5 years of age. The deaths from consumption were 305.

### FOREIGN INTELLIGENCE.

*Endermic use of Strychnia in Functional Amaurosis.* By Dr. WIMMER, of Munich.—Pure strychnia, when used by the endermic method, exerts an effect equal to that of the nitrate, or hydrochlorate. If rubbed into the vicinity of the eye in quantity so small as that of a quarter of a grain, it produces a sensation of violent burning, with increased lachrymal secretion, accelerated pulse, headache, vertigo, and obstructed respiration. Two or three hours after it has been applied, convulsive movements set in, accompanied with shooting pains in the head, extending to the affected eye; these disappear as soon as diaphoresis is induced. Two grains and a half produce the above symptoms, besides great restlessness. The author prefers the endermic, to the internal use of strychnia: 1st. Because the remedy can be applied to the affected spot itself. 2d. Because smaller doses are required. 3d. Because a useful change of remedies can be more easily effected. For the purpose of excoriation, a blister is used by the author in preference to other means. He applies it to the supra-orbital, or temporal region, and when the part is excoriated, the strychnia, mixed with saliva, is then rubbed in, and the wounded spot covered with waxed paper. It is necessary to begin with the smallest dose of strychnia, and to increase it gradually and carefully. The writer of this paper strongly dissuades medical men from directing the application of strychnia behind the ears, as he has witnessed violent tetanic convulsions from such an application.—*Med. Times*, May 3, 1845.

*Extraordinary size of a healthy Fetus and Placenta.*—Dr. HORNEBLOW relates, in the *Med. Times*, (March 8,) having delivered

a female of a child which weighed 13 pounds 2 ounces, and measured  $23\frac{1}{2}$  inches. The placenta weighed  $3\frac{1}{4}$  pounds.

*Mark of Strangulation from the Umbilical Cord.*—Dr. MUTTER was required to attend a female in labour with her second child; the breech presented, and parturition proceeded favourably until the whole body of the child was expelled, when some difficulty occurred in extracting the head owing to contraction of the outlet. The child was dead, however, before the head entered the pelvis, for, as soon as the umbilicus was born, the cord was found to be pulseless. The funis was firmly entwined round the neck, and when removed, the neck exhibited a livid ring of a finger's breadth, smooth and shining; on cutting into this mark no subcutaneous ecchymosis was found.—*Med. Zeit.*, No. 3, 1844.

*Treatment of Cephalæmatoma.*—M. CHABRELY has used with success, in cases of the above named affection, a powder which he terms the *poudre d'amidon camphrée*, composed of four parts of camphor and forty of rye-flour. This he sprinkles over the swelling, covering it with a thin layer of cotton wadding, and in the course of fifteen days the tumour disappears. M. C. was induced to try this in consequence of the bad effects resulting in some cases from the cold produced by the application of evaporating and discutient lotions.—*Northern Journ. of Med.*, Jan., 1845, from *Clinique des Hôpitaux des Enfants*.

*Effects of Compressed Air.*—M. TRIGER, an engineer, having to work a mine in the immediate vicinity of the Loire, in order to throw back the water, kept up a pressure of several atmospheres by means of a steam-engine. The men working in air thus compressed to three atmospheres, experience at first pain, more or less intense, in the ears; this pain ceases as soon as the mercury in the manometre marks an altitude of three centimetres. Deglutition also at once dissipates it, owing, probably, to its carrying, through the Eustachian tube, to the central ear a certain proportion of air, which re-establishes the equilibrium of pressure on the tympanum from within and without. The intensity of the pain depends a great deal on the state of the health. Drunkenness always renders it intolerable.—*Lancet*, April 5, 1845.

*Vaccination and Revaccination.*—The American Journal for the present month contains an extremely interesting report made by the committee of vaccination to the French Academy of Sciences. The conclusions are favourable to the protective powers of vaccination for a limited time; to revaccination after fourteen years; and to the renewal of the vaccine virus from the cow as frequently as possible.

*Hydrophobia produced by the bite of a healthy horse.*—A case is copied in the *Journ. de Médecine* (Jan., 1845), from *Oesterreichische Med. Wochenschrift*, (1844.) of a domestic, ætat. 30, who had been bit three years before by a horse at that time healthy, and which had since continued so, in whom well characterized hydrophobia was developed, and proved fatal after nine hours sufferings!

*Eneuresis Paralytica.*—With two women the pressure of the child's head on the bladder was the decided cause of a paralytic state of the muscular sphincter vesicæ. Acting on this opinion the author cured the eneuresis in a few days, by administering pulv. secal. cornut. (gr. iv.) with pulv. canthar. (gr. 1-6th), one powder to be taken every three hours, besides external frictions with tinct. canthar. and mist. oleos. balsam. In the case of an old man, who had been formerly affected with hemorrhoids, and in whom the eneuresis was produced by sudden cold, abstraction of blood, and the antihemorrhoidal treatment were of no use, so that the author ordered—R. Decoct. secal. cornut. (ex. drachm.  $\frac{1}{2}$ ), unc. iv; inf. herb. bellad. (ex. scrup. i), unc. ii; acid. phosphor. drachm. ii; extr. nuc. vomic. gr. v; syr. mann. unc. i.:—a tablespoonful to be taken every two hours. In all these cases the disease rapidly improved, so that, after a few days the following was ordered—R. Extr. bellad. gr. iv; extr. nuc. vom. gr. vi; acid. phosphor. drachm.; fifteen drops to be taken three times a day. A tonic, with aromatics, completed the cure.—*Med. Times*, May 24th, 1845, from *Casper's Wochenschrift*.

*Obituary Record.*—GILBERT BRESCHET, Professor of Anatomy in the University of Paris, died on the 10th of May last, in the 53d year of his age, after a long and painful illness.

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